

February 14, 2003

RE: ***NEW CASTLE METALDYNE 065-17161-00001***
TO: Interested Parties / Applicant
FROM: Paul Dubenetzky
Chief, Permits Branch
Office of Air Quality

Notice of Decision - Approval

Please be advised that on behalf of the Commissioner of the Department of Environmental Management, I have issued a decision regarding the enclosed matter. Pursuant to 326 IAC 2, this approval was effective immediately upon submittal of the application.

If you wish to challenge this decision, IC 4-21.5-3-7 requires that you file a petition for administrative review. This petition may include a request for stay of effectiveness and must be submitted to the Office Environmental Adjudication, ISTA Building, 150 W. Market Street, Suite 618, Indianapolis, IN 46204, **within eighteen (18) calendar days from the mailing of this notice**. The filing of a petition for administrative review is complete on the earliest of the following dates that apply to the filing:

- (1) the date the document is delivered to the Office of Environmental Adjudication (OEA);
- (2) the date of the postmark on the envelope containing the document, if the document is mailed to OEA by U.S. mail; or
- (3) The date on which the document is deposited with a private carrier, as shown by receipt issued by the carrier, if the document is sent to the OEA by private carrier.

The petition must include facts demonstrating that you are either the applicant, a person aggrieved or adversely affected by the decision or otherwise entitled to review by law. Please identify the permit, decision, or other order for which you seek review by permit number, name of the applicant, location, date of this notice and all of the following:

- (1) the name and address of the person making the request;
- (2) the interest of the person making the request;
- (3) identification of any persons represented by the person making the request;
- (4) the reasons, with particularity, for the request;
- (5) the issues, with particularity, proposed for considerations at any hearing; and
- (6) identification of the terms and conditions which, in the judgment of the person making the request, would be appropriate in the case in question to satisfy the requirements of the law governing documents of the type issued by the Commissioner.

If you have technical questions regarding the enclosed documents, please contact the Office of Air Quality, Permits Branch at (317) 233-0178. Callers from within Indiana may call toll-free at 1-800-451-6027, ext. 3-0178.

Enclosures

February 14, 2003

Ms. Carolyn Carlson
New Castle Metaldyne Chassis Systems, LLC
1817 "I" Avenue
New Castle, Indiana 47362

Re: 065-17161-00001
First Administrative Amendment to
FESOP F065-14159-00001

Dear Ms. Carlson:

DaimlerChrysler Corporation New Castle Machining & Forge Plant was issued a FESOP renewal permit on December 26, 2002 for a stationary automotive parts manufacturing source. A letter requesting a change in authorized owner and name change was received on January 30, 2003. Pursuant to the provisions of 326 IAC 2-8-10 (a) (4) the permit is hereby administratively amended as follows:

DaimlerChrysler Corporation New Castle Machining & Forge has entered into an agreement with Metaldyne Corporation for the sale of the New Castle Machining & Forge Plant located at 1817 "I" Avenue, New Castle, Indiana effective January 2, 2003. This is a joint venture between DaimlerChrysler Corporation and Metaldyne Corporation with Metaldyne Corporation to oversee daily operations and ownership of forty percent (40%) of common stock and the Chrysler Group obtaining sixty percent (60%) of the common stock. The new owner, Metaldyne Corporation, is located at 47603 Halyard Drive, Plymouth, Michigan. The plant will operate under the new name of New Castle Metaldyne Chassis Systems, LLC (NC-M Chassis Systems, LLC).

The point of contact for New Castle Metaldyne Chassis Systems, LLC is Kelly L. Cartwright. Also New Castle Metaldyne Chassis Systems, LLC will retain the position of Plant Manager as the Authorized Individual. The Plant Manager meets the requirements of 326 IAC 2-1.1-1(1).

The reporting forms were changed to reflect the new operating name of New Castle Metaldyne Chassis Systems, LLC.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

New Castle Metaldyne Chassis Systems, LLC
2
New Castle, IN 47362
00001

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065-17161-

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension (3-5334), or dial (317) 233-5334.

Sincerely,

Original signed by

Paul Dubenetzky, Chief
Permits Branch
Office of Air Quality

Attachments: Updated Pages
PD/gkf

cc: File -Henry County
Henry County Health Department
Air Compliance Section Inspector - DJ Knotts
Compliance Data Section -Karen Ampil
Policy and Guidance Section - Mark Derf (Permit 065-17111)
Air Programs - Chet Bohannon
Permit Review Section 1 - Gary Freeman

**FEDERALLY ENFORCEABLE STATE
OPERATING PERMIT (FESOP) RENEWAL
OFFICE OF AIR QUALITY**

**New Castle Metaldyne Chassis Systems, LLC
1817 "I" Avenue
New Castle, Indiana 47362**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-8 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: F 065-14159-00001	
Original signed by Paul Dubenetzky Issued by: Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: December 26, 2002 Expiration Date: December 26, 2007

First Administrative Amendment: 065-17161-00001	Pages Affected: 37, 38, 39, 40, 41, 42 and 43
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: February 14, 2003

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
CERTIFICATION**

Source Name: New Castle Metaldyne Chassis Systems, LLC

Source Address: 1817 "I" Avenue, New Castle, Indiana 47362

Mailing Address: 1817 "I" Avenue, New Castle, Indiana 47362

FESOP No.: 065-14159-00001

**This certification shall be included when submitting monitoring, testing reports/results
or other documents as required by this permit.**

Please check what document is being certified:

9 Annual Compliance Certification Letter

9 Test Result (specify) _____

9 Report (specify) _____

9 Notification (specify) _____

9 Affidavit (specify) _____

9 Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Phone:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE BRANCH
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
EMERGENCY OCCURRENCE REPORT**

Source Name: New Castle Metaldyne Chassis Systems, LLC
Source Address: 1817 "I" Avenue, New Castle, Indiana 47362
Mailing Address: 1817 "I" Avenue, New Castle, Indiana 47362
FESOP No.: 065-14159-00001

This form consists of 2 pages

Page 1 of 2

9 This is an emergency as defined in 326 IAC 2-7-1(12)
CThe Permittee must notify the Office of Air Quality (OAQ), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
CThe Permittee must submit notice in writing or by facsimile within two (2) working days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency:

Describe the cause of the Emergency:

If any of the following are not applicable, mark N/A

Page 2 of 2

Date/Time Emergency started:

Date/Time Emergency was corrected:

Was the facility being properly operated at the time of the emergency? Y N
Describe:

Type of Pollutants Emitted: TSP, PM-10, SO₂, VOC, NO_x, CO, Pb, other:

Estimated amount of pollutant(s) emitted during emergency:

Describe the steps taken to mitigate the problem:

Describe the corrective actions/response steps taken:

Describe the measures taken to minimize emissions:

If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: _____

Title / Position: _____

Date: _____

Phone: _____

New Castle Metaldyne Chassis Systems, LLC

New Castle, Indiana

Permit Reviewer: EAL/MES

First Administrative Amendment 065-17161

Amended by: Gary Freeman

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OP No. F 065-14159-00001

A certification is not required for this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
SEMI-ANNUAL NATURAL GAS-FIRED BOILER CERTIFICATION**

Source Name: New Castle Metaldyne Chassis Systems, LLC
Source Address: 1817 "I" Avenue, New Castle, Indiana 47362
Mailing Address: 1817 "I" Avenue, New Castle, Indiana 47362
FESOP No.: 065-14159-00001

9 Natural Gas Only
9 Alternate Fuel burned

From: _____ To: _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Phone:

Date:

A certification by the authorized individual as defined by 326 IAC 2-1.1-1(1) is required for this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

FESOP Quarterly Report

Source Name: New Castle Metaldyne Chassis Systems, LLC
Source Address: 1817 "I" Avenue, New Castle, Indiana 47362
Mailing Address: 1817 "I" Avenue, New Castle, Indiana 47362
FESOP No.: 065-14159-00001
Facilities: Three (3) boilers, identified as B-1, B-2 and B-3
Parameter: Amount of No.2 fuel oil burned
Limit: Less than 1,000,000 gallons of No.2 oil per twelve (12) consecutive month period, with compliance determined at the end of each month, equivalent to SO₂ emissions less than 35.5 tons per year.

YEAR: _____

Month	Gallons of No.2 oil burned	Gallons of No.2 oil burned	Gallons of No.2 oil burned
	This Month	Previous 11 Months	12 Month Total

9 No deviation occurred in this quarter.

9 Deviation/s occurred in this quarter.

Deviation has been reported on: _____

Submitted by: _____

Title / Position: _____

Signature: _____

Date: _____

Phone: _____

New Castle Metaldyne Chassis Systems, LLC

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New Castle, Indiana

First Administrative Amendment 065-17161

OP No. F 065-14159-00001

Permit Reviewer: EAL/MES

Amended by: Gary Freeman

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: New Castle Metaldyne Chassis Systems, LLC
Source Address: 1817 "I" Avenue, New Castle, Indiana 47362
Mailing Address: 1817 "I" Avenue, New Castle, Indiana 47362
FESOP No.: 065-14159-00001

Months: _____ to _____ Year: _____

Page 1 of 2

This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

9 No deviation occurred in this quarter.

9 Deviation/s occurred in this quarter.
Deviation has been reported on: _____

Form Completed By: _____

Title/Position: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.